

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
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| 31 | | | | | | |
| 32 | 1 | | | | | |
| 33 | | 1 | | | | |
| 34 | | 1 | | | | |
| 35 | | 1 | | | | |
| 36 | | 1 | | | | |
| 37 | | 1 | | | | |
| 38 | | 1 | | | | |
| 39 | | 1 | | | | |
| 40 | | 1 | | | | |
| 41 | | 1 | | | | |
| 42 | | 1 | | | | |
| 43 | | 1 | | | | |
| 44 | | 1 | | | | |
| 45 | | 1 | | | | |
| 46 | | 1 | | | | |
| 47 | | 1 | | | | |
| 48 | | 1 | | | | |
| 49 | | 1 | | | | |
| 50 | | 1 | | | | |
| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

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| | | | | | | |
| 51 | | 1 | | | | |
| 52 | | 1 | | | | |
| 53 | | 1 | | | | |
| 54 | | 1 | | | | |
| 55 | | 1 | | | | |
| 56 | | 1 | | | | |
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| 70 | | 1 | | | | |
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| 72 | | 1 | | | | |
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| 74 | | 1 | | | | |
| 75 | | 1 | | | | |
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| 77 | | 1 | | | | |
| 78 | | 1 | | | | |
| 79 | 1 | | | | | |
| 80 | | 1 | | | | |
| 81 | 1 | | | | | |
| 82 | 1 | | | | | |
| 83 | | 1 | | | | |
| 84 | | 1 | | | | |
| 85 | | 1 | | | | |
| 86 | | 1 | | | | |
| 87 | | 1 | | | | |
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| 90 | 1 | | | | | |
| 91 | | 1 | | | | |
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| 99 | | | | | | |
| 100 | | | | | | |
| TOTAL IND. | 6 | | | | | |
| TOTAL DEP. | 53 | | | | | |
| TOTAL CLAIMS | 61 | | | | | |